

NATIONAL QUALITY FORUM

CALL FOR MEASURES: CANCER ENDORSEMENT MAINTENANCE PROJECT 2011

BACKGROUND

Cancer refers to a group of more than 100 diseases characterized by uncontrolled cellular growth, proliferation, and spread.¹ This group of diseases has an enormous impact on health in the United States. As the second leading cause of death, cancer was responsible for an estimated 569,490 deaths among adults and children in 2010.² The American Cancer Institute estimates that half of all men and one-third of all women in the United States will develop cancer during their lifetimes. Diagnosing and treating cancer also has great economic impact. In 2010, the estimated total annual costs of cancer reached \$263.8 billion: \$102.8 billion in direct medical costs, \$20.9 billion in loss of productivity from illness, and \$140.1 billion in lost productivity from premature death.³ Despite enormous focus on preventing and treating disease, inconsistencies in cancer care exist, with many patients not receiving care that follows clinical practice guidelines.⁴ Studies demonstrate persistent socioeconomic disparities in treatment and survival for many different types of cancer, including gastric, breast, prostate, and lung cancers.^{5,6,7,8}

Cancer care is complicated for many reasons: treatment regimens are complex, often involving multiple providers, settings of care, and levels of treatment; patients with cancer often require individualized therapies; an evolving evidence base for treatment exists; and care can be hampered by a sometimes limited supply of highly specialized personnel or technologies. Efforts to measure cancer quality can be complicated further by several factors, some of which include:

- **Treatment-related factors**, including: the inability to identify a standard of care because resources to treat cancer vary regionally; the continuing evolution of the evidence base for cancer care; disagreements over a definition of optimal care; and patient preference for care;
- **Measure implementation factors**, including which institution or provider is responsible for quality measurement; and
- **Measure design factors**, including: given the complexity of care, valid measures might be applicable only to small numbers of patients, and measures functioning across different settings (care coordination measures) are lacking.

This project seeks to identify and endorse performance measures for public reporting and quality improvement that specifically address quality of cancer care.

Additionally, 29 cancer-related consensus standards endorsed by NQF before December 2009 also will be evaluated under the maintenance process. As the quality measurement enterprise has matured, better data systems have become available; electronic health records are closer to reality; and the demand for meaningful performance measures has prompted development of more sophisticated measures of healthcare processes and outcomes. Evaluating all NQF-endorsed[®] cancer measures and considering new measures will ensure the currency of NQF's portfolio of voluntary consensus standards.

CALL FOR MEASURES

Measure Submissions Due By Friday, January 13, 2012 6:00 PM ET

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In this call, NQF is seeking performance measures addressing quality of cancer care that could be used in public reporting.

Additionally, NQF is seeking:

- individual or composite measures of process or outcomes from all care settings;
- measures sensitive to the needs of vulnerable populations, including racial/ethnic minorities and Medicaid populations; and
- to the extent possible, the inclusion of electronic specifications for the measures submitted to this project.

This consensus standards endorsement maintenance project consists of two activities:

1. Identification and endorsement of quality of cancer care measures for public reporting and quality improvement, as well as measures addressing any treatments, diagnostic studies, interventions, or procedures associated with this condition.
2. Maintenance of 29 NQF-endorsed voluntary consensus standards gauging the quality of cancer care in the areas of breast cancer, colorectal cancer and symptom management, and end-of-life care. These measures were reviewed before 2009 in various projects and will be considered for endorsement maintenance as a part of the current project.

Any organization or individual may submit measures for consideration. To be included as part of the initial evaluation, candidate consensus standards must be within the scope of the project and meet the following general conditions as specified in the [measure evaluation criteria](#):

- A. The measure steward is in public domain or a [measure steward agreement](#) is signed.
- B. The measure owner/steward verifies there is an identified responsible entity and process to maintain and update the measure on a schedule that is commensurate with the rate of clinical innovation, but at least every three years.
- C. The intended use of the measure includes both public reporting and quality improvement.
- D. The measure must be fully specified and tested for reliability and validity.
- E. The measure developer/steward attests that harmonization with related measures and issues with competing measures have been considered and addressed, as appropriate.
- F. The requested measure submission information is complete and responsive to the questions so that all the information needed to evaluate all criteria is provided.

Measures without testing on reliability and validity will not be eligible for submission; however, a few exceptions may apply.

To submit a measure, please complete the following:

- [online measure submission form \(available on the project page\)](#)
- [measure steward agreement](#)

Please note that materials will not be accepted unless accompanied by a fully executed [measure steward agreement](#). All materials not meeting this requirement will be returned to the sender.

Materials must be submitted using the online submission process by **6:00 pm ET on Friday, January 13, 2012.**

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If you have any questions, please contact Angela Franklin, JD; Lindsey Tighe, MS; or Gene Cunningham, MS, at 202-783-1300 or via email at cancerem@qualityforum.org. Thank you for your assistance.

¹ U.S. Department of Health and Human Services (HHS), National Institutes of Health (NIH), National Cancer Institute (NCI), *Defining Cancer*. Updated 07/12/2010. Bethesda, MD: NCI; 2010. Available at www.cancer.gov/cancertopics/cancerlibrary/what-is-cancer. Last accessed February 2011.

² American Cancer Society. *Cancer Facts & Figures 2010*. Atlanta, GA. 2009. Last Medical Review: 05/20/2009. Last Revised: 05/20/2009. Available at <http://www.cancer.org/Research/CancerFactsFigures/CancerFactsFigures/cancer-facts-and-figures-2010>. Last accessed February 2011.

³ Ibid.

⁴ McGlynn EA, Asch SM, Adams J, et al., The quality of health care delivered to adults in the United States [see comment], *New Engl J Med*, 2003;348(26):2635-2645, and Harlan LC, Greene AL, Clegg LX, et al., Insurance status and the use of guideline therapy in the treatment of selected cancers, [see comment], *J Clin Oncol*, 2005;23(36):9079-9088, as cited in National Quality Forum (NQF), *The Current State of Cancer Quality Measurement 2008: A White Paper*. Washington, DC: NQF; 2008.

⁵ Du XL, Lin CC, Johnson NJ et al., Effects of individual-level socioeconomic factors on racial disparities in cancer treatment and survival: findings from the National Longitudinal Mortality Study, 1979-2003, *Cancer*, 2011.

⁶ Byers T, Two decades of declining cancer mortality: progress with disparity, *Annu Rev Public Health*, 2010;31:121-132.

⁷ Sherr DL, Stessin AM, Demographic disparities in patterns of care and survival outcomes for patients with resected gastric adenocarcinoma, *Cancer Epidemiol Biomarkers Prev*, 2011;20(2):223-233.

⁸ Slatore CG, Au DH, Gould MK, American Thoracic Society Disparities in Healthcare Group, An official American Thoracic Society systematic review: insurance status and disparities in lung cancer practices and outcomes, *Am J Respir Crit Care Med*, 2010;182(9):1195-1205.

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